

EXHIBIT "N"

SUBURBAN BANCORPORATION, INC. EMPLOYEE STOCK OWNERSHIP PLAN REQUEST FOR DISTRIBUTION

Employee Name Donna Bucalo
 Street Address 203 Twain
 City, State Zip Cincinnati, OH 45233
 Social Security # 275-50-9160
 Date of Birth 5-25-49
 Hire Date * 3-30-98 (1 yr. but less than 3 yrs. of service as of 5/3/99)

XX L/S Payment Installments A,M,Q Starting

Stop Date Estimated Stop Date

Date Employee Received/ Signed Special Tax Notice 5-10-2001

Date of Retirement / Termination / Death Active

Earliest Date of Distribution IMMEDIATELY

Attached Copies:

Rollover Request X Lump Sum Request Force Out

SPECIAL NOTES:

Payable to 5/3 master Profit Sharing Plan
FBO Donna Bucalo

CERTIFICATE ALL STOCK



YES



NO

SU2067

Requested By: Shirley Thomas Date 5/14/2001
 Shirley Thomas

Approved By: Jim Gorton Date 5/15/01
 Jim Gorton, Profit Sharing Committee Member

* If these dates differ from Dyatron research with Human Resources before processing



ROLLOVER TO FIFTH THIRD BANCORP MASTER PROFIT SHARING PLAN

Rollover Form For Employee FORM (A)

Name of Former Plan: Suburban Bancorporation, Inc. Employee Stock Ownership Plan

I request that the value of my shares in the Former Plan be invested in my Rollover Account in the Fifth Third Bancorp Master Profit Sharing Plan as elected below

ROLLOVER ACCOUNT INVESTMENT ELECTIONS ONLY

I hereby authorize and direct the investment of my rollover account as follows:

I want my rollover account invested in the following funds. I may choose any combination. Each investment must be a whole percentage from 1% to 100%. Combination total must equal 100%. If I do not make an election below my rollover account will be invested in the Fifth Third Prime Money Market Fund.

Fifth Third Prime Money Market (AH) _____	Fifth Third Mid Cap Fund (AC) _____
Fifth Third Fixed Income for EB (AS) _____	Fifth Third International Fund (AG) _____
Fifth Third Balanced Fund (AY) _____	Fifth Third Technology Fund (AT) _____
Fifth Third Value Fund (AU) _____	Fifth Third Stock Fund (AK) _____
Fifth Third Quality Growth Fund (AD) <u>100%</u>	

Donna M. Bucalo
Employee Signature

5/12/01
Date

DONNA M. BUCALO
Employee Name (Printed)

275 50 9160
Social Security Number

579-6157
Work Phone #

M 109029
Mail Drop Location #

Return this form to MD 10AT41 by May 11, 2001 for processing.

Richard Levo
Approved By FTCL Benefits Plan Administrator
James Gorton/ Trina Campbell/ Richard Levo

5/9/01
Date

**SUBURBAN BANCORPORATION, INC.
EMPLOYEE STOCK OWNERSHIP PLAN**

MAY 14 2005

REQUEST FOR DIRECT ROLLOVER OR DISTRIBUTION

Before completing this form, read the Description of Optional Forms of Payment and Special Tax Notice Regarding Plan Payments.

Distribution generally cannot be made to you unless you consent by completing this form and returning it to the plan administrator.

The undersigned participant hereby requests distribution of his or her lump sum benefit under the plan. The undersigned participant requests such distribution to be made as soon as administratively feasible subject to the provisions of the plan. Distributions will commence as soon as administratively feasible after you have returned this form, properly completed, to the plan administrator.

If the distribution you are to receive qualifies as an "eligible rollover distribution" as described in the Special Tax Notice Regarding Plan Payments, then you may elect a direct rollover using this form. You have at least 30 days to decide whether or not to elect a direct rollover, and if you return this form before the end of 30 days, you are electing to waive that period (so that your election can be implemented sooner, if possible).

An eligible rollover distribution (or portion thereof) may be directly rolled over to no more than one eligible retirement plan. You may not elect a direct rollover with respect to eligible rollover distributions during a year that are reasonably expected to total less than \$200.

NOTE: If your vested account does not exceed \$5,000, it will be paid in cash subject to applicable withholding unless you elect to receive such payment in whole shares of Fifth Third Bancorp common stock and/or elect a direct rollover (for payments of at least \$200) to an eligible retirement plan.

Indicate the form in which you want to receive your lump sum distribution under the plan:

- ☐ whole shares of Fifth Third Bancorp common stock to the extent your Account is invested in such securities, with the remainder in cash.
- ☐ cash

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DIRECT PAYMENT/DIRECT ROLLOVER ELECTION

- ☐ (1) 100% payment to you (subject to applicable withholding); or
- ☒ (2) 100% Direct Rollover of eligible rollover distribution (any portion of payment not qualifying as an eligible rollover distribution will be paid to you); or
- ☐ (3) Partial Direct Rollover of \$ _____ or _____ % (\$200 or more) of your eligible rollover distribution and the remaining amount paid to you (subject to applicable withholding).

If you elected (2) or (3) above, indicate the eligible retirement plan to which you want to make the direct rollover:

- ☐ IRA (Individual Retirement Account or Individual Retirement Annuity)

Name and Address of IRA Trustee or Custodian:

Telephone No.: _____

- ☐ Employer Qualified Defined Contribution Plan or 403(a) Annuity Plan (before making this election, verify with new employer that its plan accepts direct rollovers)

Name and Address of Employer Qualified Defined Contribution Plan or 403(a) Annuity Plan:

5/3 MASTER SHARING PLAN

Telephone No.: _____

The undersigned participant certifies that any IRA or Qualified Retirement Plan named below is an individual retirement account, an individual retirement annuity, and qualified trust described in Internal Revenue Code ("Code") Section 401(a) or a qualified annuity plan described in Code Section 403(a) and that it will accept a Direct Rollover from the Plan. You understand that 20% of the eligible rollover distribution will be withheld for taxes unless you elect a Direct Rollover, and that you may owe a 10% excise tax if you are not at least age 59½. You agree to receive a distribution in a lump sum in cash if your election for a Direct Rollover is

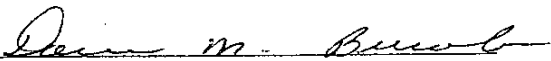
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not valid. You direct this payment to be made in accordance with the elections below for any additional amounts that may be credited to your account within 90 days of your signature.

The plan administrator may require you to provide a statement from the plan you designated as an eligible retirement plan that such plan is, or is intended to be, an individual retirement account, an individual retirement annuity, a qualified trust described in Internal Revenue Code Section 401(a) (with the limitations described in Section 401(a)(31)(D)), or a qualified annuity plan described in Section 403(a) as applicable, and that it will accept the direct rollover for your benefit.

Elections are subject to, and may be overridden by the minimum distribution rules and the terms of the plan.

Dated: 5/10/01, 2001


Participant's Signature

DONNA M. BUCALO
Participant's Name (printed)

837344.1 (Word)

SU2071